

ATTACHMENT A

UNIVERSITY HOSPITALS HEALTH SYSTEM
EMPLOYEE ASSISTANCE PROGRAM
REFERRAL FORMEmployee: Deborah Moss Position: Relief Therapist Date: 2/4/17 Phone: 216-776-2713 (H)
330-225-9597 (H)

You are being referred to the EMPLOYEE ASSISTANCE PROGRAM (EAP) because of the concerns noted below. EAP services are confidential, in compliance with the law. Your supervisor will be told only whether you kept the appointment, and whether you complied with the EAP recommendations. Your supervisor will not be told what was discussed unless you specifically authorize it and sign a release of information specifying the information to be released. Information from EA may be shared without a release and authorization in response to state or federal statute/regulation (e.g. Homicidal/suicidal ideation; child and elder abuse/neglect), a court ordered subpoena or an official investigation by a government agency.

- ☒ A Tier 1 Mandatory Referral has been made to EAP for the following reason:
- ☒ Fitness for Duty
 - ☐ Violent, hostile, or reckless behavior that endangers the safety of others or that causes others to fear for their safety
 - ☐ Reasonable suspicion of drug/alcohol use including evidence of drug diversion.

Please phone EAP at 216-844-4948 to confirm your scheduled appointment on 2/15/17 2:00pm

- ☐ A Tier 2 Mandatory Referral has been made to EAP for the following job performance concern(s):
- ☐ Attendance issues
 - ☐ Confictive work relationship
 - ☐ Deteriorating job performance
 - ☐ Other _____

Please phone EAP at 216-844-4948 within 5 business days of today's date, to schedule an appointment.

Explanation of counseling, anecdotal, corrective actions or other concerns relative to the above-checked concerns:

My supervisor has explained the reason for this EAP referral. I understand that my supervisor will be notified whether I keep my appointment and whether I comply with the EAP recommendations. I have been given a copy of this form.

EAP

Employee Signature: _____ Date: _____

Supervisor Signature: Kelley Hildreth Dept: 300A Phone: 440-743-4189EAP Counselor Signature: [Signature] (Employee) Date: 2/14/17☐ Employee attended EAP session☐ Employee did not attend EAP session☐ Employee complied☐ Employee did not comply